

HAPPY AND HEALTH-WISE: MEASURING HEALTH-RELATED QUALITY OF LIFE

ALTHOUGH HAPPINESS and well-being have long been a concern of social scientists, medical researchers have traditionally focused on pestilence, disease and death. However, recognizing that health is more than the absence of disease, CDC developed a set of health-related quality of life questions for use in the Behavioral Risk Factor Survey (BRFS), an ongoing, annual telephone survey of non-institutionalized adults (18 years and older), conducted in all States and Territories. In this *CD Summary*, we review Oregon's 2000 BRFS responses to three health-related quality of life questions about physical and mental health status in the past 30 days, as well as general health status.

WHY COLLECT DATA ABOUT SELF-PERCEPTION OF HEALTH STATUS?

Studies have shown that people's own perceptions about their health provide a reasonably good proxy of a population's health care burden for acute and chronic health conditions.¹ Since we generally go to the doctor or clinician only when we feel unhealthy, self-perceived health can

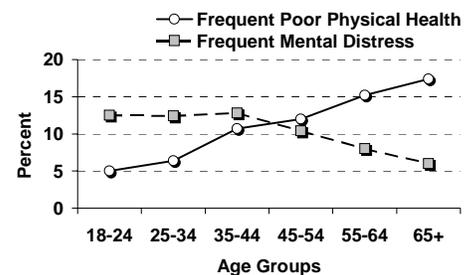
help predict future health-care needs. The "for how many days" format of the physical and mental health questions provides a concrete measure that has relevance for the average person as well as policy-makers. Also, studies about these questions indicate that they are generally well-understood by respondents, and the results correlate well with longer and more detailed standardized measures for medical outcomes and depression.²

HOW HEALTHY ARE WE?

About half of Oregon BRFS 2000 respondents (53%) reported excellent or very good health status. However, over one-sixth of Oregonians (17%) reported only fair or poor health status. Oregon has a larger percent reporting only fair or poor health than its neighbors Washington (12%) and Idaho (13%), and is also worse than the national average (14%), although we are similar to our southern neighbor California (17%).³ Furthermore, the proportion of Oregonians reporting fair to poor health has risen steadily since 1995 (when it was 11%).

In terms of the 'healthy days' questions, Oregonians reporting frequent poor physical health (14 or more days in the past month) were over four times as likely to report frequent mental distress (14 or more days in the past month). Overall, 11% of Oregonians reported that they experienced poor physical health, and 10% experienced mental distress, whether stress, depression, or other problems. Women were more at risk than men for poor physical health (13 vs. 10%) and mental distress (12 vs. 9%) in Oregon. Nationally, it was also found that women had a higher number of poor mental health days than men.¹

Oregonians' self-reported health by age group (≥14 days in past month)



Oregonians aged 55 and over were almost twice as likely as those under age 55 to experience frequent poor physical health (17 vs. 9%). However, the roles were reversed for frequent mental distress—respondents under age 55 were about twice as likely as those aged 55 and older to experience mental distress, even if they felt physically healthy. Health insurance status (among people under age 65) was also related to self-perceived health. Lack of health insurance was not related to poor physical health (11% for the uninsured vs. 10% for the insured), but was associated with increased risk of mental distress (17% for the uninsured vs. 10% for the insured).

Self-perceptions of frequent poor health also correlated with risk factors for chronic disease. One-and-a-half times more smokers reported poor physical health days than non-smokers (17 vs. 10%), and smokers were over twice as likely to report mental distress (19 vs. 8%). Findings for weight and physical activity are also particularly striking. Over half (57%) of Oregonians in 2000 were either overweight (Body Mass Index, or BMI, between 25 and 30) or obese (BMI 30 and over). As one might expect, overweight and obese respondents were more likely to experience frequent poor physical health. Obese respondents were more

Measuring Healthy Days Questions

- 1 Would you say that in general your health is: (excellent, very good, good, fair, or poor).
- 2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- 3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



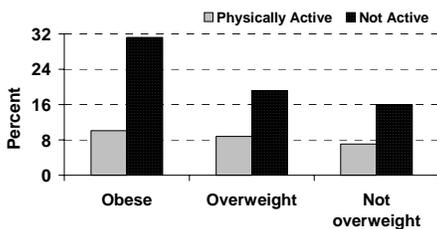
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likely than those who were not overweight to report mental distress (13 vs. 10%), and about twice as likely to report poor physical health (17 vs. 9%).

One fifth of Oregon's 2000 BRFSS respondents reported no physical activity whatsoever. Those who said they participate in any physical activity/exercise were less at risk than sedentary respondents for both poor physical health (8 vs. 21%) and mental distress (9 vs. 15%). This was true regardless of whether respondents were overweight or not. Overweight and non-overweight Oregonians with a sedentary lifestyle were over twice as likely as their exercising counterparts to report poor physical health. Obese non-exercisers were three times as likely as obese exercisers to experience poor physical health (31 vs. 10%).

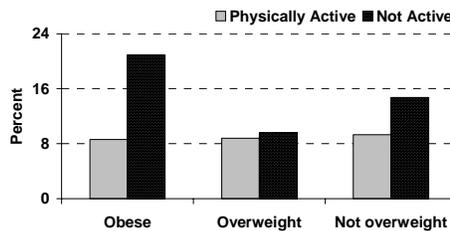
Self-reported frequent poor physical health (≥14 days in past month)



A somewhat different pattern occurred in regards to mental health. While lack of exercise didn't seem to effect reports of frequent mental distress among the overweight (10% for the inactive vs. 9% for the active), obese non-exercisers were more than twice as likely as obese exercisers to report mental distress (21 vs. 9%). Non-overweight

but sedentary Oregonians were still one-and-a-half times more likely to experience mental distress than their exercising counterparts (15 vs. 9%).

Self-reported frequent mental distress (≥14 days in past month)



WHAT TO DO ABOUT IT?

These findings corroborate what we already know about physical health risks of smoking, being overweight, and not getting regular physical activity. They also shine light on the association between mental health and these key behaviors. In particular, these data suggest that getting Oregonians of all ages to participate in even moderate physical activity might substantially improve both physical and mental health status.

WE AREN'T GETTING ANY YOUNGER—CAN WE GET WISER?

Part of the growing interest in measuring quality of life also has to do with the patterns we see in Oregon's population. Oregon will see a doubling of the proportion of senior citizens (those over 65) in the next 25 years.⁴ As life expectancy increases, the health community is shifting its focus to improving the quality of those extra years, and determining which health measures can

ease the effect of normal aging processes.¹ One in four Oregonians report that they experience some limitations in their activities due to health problems, and about half of these respondents are age 55 or older.

Although the risk of disability and disease increases as people get older, these conditions are not an inevitable consequence of aging. One implication of health-related quality-of-life studies among the elderly is that early intervention would help in identifying those at risk, and having clinicians work with the people who have self-reported poor health, regardless of their medical presentation, could still reduce ill health and morbidity.⁵ In addition, by emphasizing preventive health practices and encouraging basic lifestyle changes for everyone, health systems, health professionals and their patients can make great strides in improving health-related quality of life and decreasing the prevalence of disease and disabilities that cause activity limitations in later life.⁶

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